

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

<b>1</b> ACCOUNT # <div style="text-align: center; font-size: 1.2em;">N/A</div>		<b>2</b> Total pages filed: <div style="text-align: center; font-size: 1.2em;">14</div>			
<b>3</b> CANDIDATE / OFFICEHOLDER NAME <div style="text-align: center; font-size: 1.2em;">MS ALTOINETTE B</div>		MS / MRS / MR <div style="text-align: center; font-size: 1.2em;">MS</div>		FIRST <div style="text-align: center; font-size: 1.2em;">ALTOINETTE</div>	
NICKNAME <div style="text-align: center; font-size: 1.2em;">LAURENCE</div>		LAST <div style="text-align: center; font-size: 1.2em;">LAURENCE</div>		MI <div style="text-align: center; font-size: 1.2em;">B</div>	
<b>4</b> ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Final report			
<b>5</b> ORIGINAL PERIOD COVERED		Month      Day      Year      THROUGH      Month      Day      Year <div style="text-align: center; font-size: 1.2em;">9 / 26 / 03      10 / 25 / 03</div>			

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked <div style="text-align: center; font-size: 1.2em;">FEB 23 2006</div>	
Receipt #	Amount
Legal	Totals
Date Processed	
Date Imaged	

**6** EXPLANATION OF CORRECTION

## Corrections to:

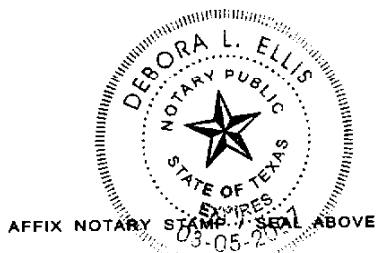
- Schedule A, page 6, out-of-state PAC ID number added
- Schedule A, page 6, address corrected
- Schedule F, page 1, address corrected

**7** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- ☒ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me by Antoinette Lawrence this the 23 day of February.

2006 to certify which witness my hand and seal of office.

Debora L. Ellis  
Signature of officer administering oath

Debora L. Ellis  
Printed name of officer administering oath

Notary  
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

FORM C/OH  
COVER SHEET PG 1

Electronic Filing Version

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2****14 C/OH NAME** Lawrence, Antoinette B**15 ACCOUNT #** (Ethics Commission filers)  
00000004**16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

**COMMITTEE TYPE****COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME**☐ additional pages**COMMITTEE CAMPAIGN TREASURER ADDRESS****17 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

14,255.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

18,889.75

**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

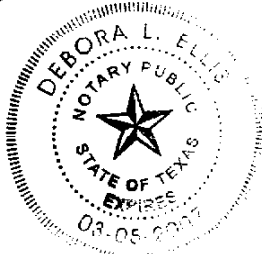
0.00

**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0.00

**18 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Antoinette Lawrence*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Antoinette Lawrence*, this the 23 day of February, 2006, to certify which, witness my hand and seal of office.

*Debora L. Ellis*  
Signature of officer administering oath

Debora L. Ellis  
Print name of officer administering oath

*Notary*  
Title of officer administering oath

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #

Schedule: 1/6 Report: 3/12

**2** FILER NAME Lawrence, Antoinette B

**3** ACCOUNT # (Ethics Commission files)

00000004

**4** Date

10/09/2003

**5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Associates Builders & Contractors of Greater Houston PAC

**6** Contributor address; City; State; Zip Code

Houston, TX 77098-4151

**7** Amount of contribution (\$)

\$1,000.00

**8** In-kind contribution description (if applicable)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

10/16/2003

Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Bentley, Mary W

Contributor address; City; State; Zip Code

Houston, TX 77055

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/02/2003

Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Burgher, Shirley Englehardt

Contributor address; City; State; Zip Code

Houston, TX 77098

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/2003

Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Cagle, Paul A

Contributor address; City; State; Zip Code

Houston, TX 77063

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/2003

Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Corgey, Dean E

Contributor address; City; State; Zip Code

Houston, TX 77018

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The **INSTRUCTION GUIDE** explains how to complete this form.

**1** PAGE #

Schedule: 2/6 Report: 4/12

**2** FILER NAME Lawrence, Antoinette B

**3** ACCOUNT # (Ethics Commission file)

00000004

**4** Date

10/15/2003

**5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Hartman, Bill or M Ailene

**6** Contributor address; City; State; Zip Code  
\_\_\_\_\_  
Houston, TX 77018

**7** Amount of contribution (\$)

\$100.00

**8** In-kind contribution description (if applicable)

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

10/15/2003

Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Hinson, Doris B

Contributor address; City; State; Zip Code  
\_\_\_\_\_  
Houston, TX 77055-1405

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/08/2003

Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Houston Fire Fighters PA Fund

Contributor address; City; State; Zip Code  
\_\_\_\_\_  
Houston, TX 77009

Amount of contribution (\$)

\$3,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/2003

Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Houston Police Officers Union

Contributor address; City; State; Zip Code  
\_\_\_\_\_  
Houston, TX 77007

Amount of contribution (\$)

\$5,000.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/01/2003

Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Huey, Don T or Helen

Contributor address; City; State; Zip Code  
\_\_\_\_\_  
Houston, TX 77055-3435

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/6 Report: 5/12

2 FILER NAME Lawrence, Antoinette B

3 ACCOUNT # (Ethics Commission filers)

00000004

4 Date

5 Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Kinsel, Nancy

7 Amount of  
contribution (\$)

8 In-kind contribution  
description (if applicable)

10/15/2003

6 Contributor address; City; State; Zip Code  
[REDACTED]  
Houston, TX 77080

\$40.00

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Klevenski, Angie

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

10/09/2003

Contributor address; City; State; Zip Code  
[REDACTED]  
Houston, TX 77055

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Lovelace, Irma

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)  
Fundraiser

10/15/2003

Contributor address; City; State; Zip Code  
[REDACTED]  
Houston, TX 77055

\$300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Lovelace, Irma

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

10/15/2003

Contributor address; City; State; Zip Code  
[REDACTED]  
Houston, TX 77055

\$40.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
LT Communications

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

10/06/2003

Contributor address; City; State; Zip Code  
[REDACTED]  
Houston, TX 77098-1445

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/6 Report: 6/12	
2 FILER NAME Lawrence, Antoinette B		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date  10/03/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Marx, W.A.  6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77043-1621	7 Amount of contribution (\$)  \$100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  10/15/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) McFail, Dr Gilda  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77068	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/15/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Monty, Jacob or Adelina  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77079	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/15/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mortensen, M.M. or Elizabeth J  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77055	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/01/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Oakes, F. B. or Marjorie E  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77280-0121	Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 5/6 Report: 7/12	
2 FILER NAME Lawrence, Antoinette B		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date  10/06/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) PageSoutherlandPage  6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77056	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  10/15/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ruffin, Roy  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77055	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/15/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sevin, Cheryl  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77092	Amount of contribution (\$)  \$25.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/15/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Tx Friends of Time Warner Cable  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77040	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  10/14/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Walther, Charles L or Mary J  Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77080-3529	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #

Schedule: 6/6 Report: 8/12

**2** FILER NAME Lawrence, Antoinette B**3** ACCOUNT # (Ethics Commission filers)

00000004

**4** Date

10/09/2003

**5** Full name of contributor ☒ out-of-state PAC(ID# C00119008)  
Waste Management PAC**6** Contributor address; City; State; Zip Code

Washington, DC 20004

**7** Amount of  
contribution (\$)

\$250.00

**8** In-kind contribution  
description (if applicable)**9** Principal occupation / Job title (See Instructions)**10** Employer (See Instructions)

Date

10/15/2003

Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Wright, Clymer

Contributor address; City; State; Zip Code

Houston, TX 77088

Amount of  
contribution (\$)

\$250.00

In-kind contribution  
description (if applicable)  
Print Advertising -  
C.L.O.U.T. Banquet

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/3 Report: 9/12**2** FILER NAME Lawrence, Antoinette B**3** ACCOUNT # (Ethics Commission filers)  
00000004

<b>4</b> Date  10/01/2003	<b>5</b> Payee name Blakemore & Associates  ..... <b>6</b> Payee address; City; State; Zip Code 3405 Edloe St Ste 380 Houston, TX 77027	<b>7</b> Amount (\$)  \$1,000.00
---------------------------------	--	---

**8** Purpose of payment (See instructions regarding type of information required.)  
Consulting**9** \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date  10/13/2003	Payee name Center for Military History  ..... Payee address; City; State; Zip Code PO Box 891312 Houston, TX 77289	Amount (\$)  \$150.00
------------------------	--	--------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Print Advertising\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date  10/01/2003	Payee name Greenlaw, Martha  ..... Payee address; City; State; Zip Code 9209 Stagecoach Dr Houston, TX 77041	Amount (\$)  \$500.00
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Purpose of payment (See instructions regarding type of information required.)  
Staff:Contract\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date  10/20/2003	Payee name Horne, Mr. & Mrs. Clint  ..... Payee address; City; State; Zip Code 6611 Lindyann Houston, TX 77008	Amount (\$)  \$400.00
------------------------	--	--------------------------------

Purpose of payment (See instructions regarding type of information required.)  
Misc:Election Night\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 2/3 Report: 10/12**2** FILER NAME Lawrence, Antoinette B**3** ACCOUNT # (Ethics Commission filers)  
00000004

<b>4</b> Date  10/01/2003	<b>5</b> Payee name IHOP  ..... <b>6</b> Payee address; City; State; Zip Code 6888 Gulf Freeway Houston, TX 77082	<b>7</b> Amount (\$)  \$23.37
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) Public Relations:Meals	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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Date  10/03/2003	Payee name Jewish Voice Herald  ..... Payee address; City; State; Zip Code 3403 Audley Houston, TX 77098	Amount (\$)  \$480.00
------------------------	--	--------------------------------

Purpose of payment (See instructions regarding type of information required.) Print Advertising	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
--	--

Date  10/20/2003	Payee name LT Communications  ..... Payee address; City; State; Zip Code 2606 Persa Houston, TX 77098	Amount (\$)  \$399.63
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.) Fundraiser:Invitations	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
---	--

Date  10/10/2003	Payee name Shaw, Greg  ..... Payee address; City; State; Zip Code 800 Colquitt Houston, TX 77006	Amount (\$)  \$1,370.00
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Purpose of payment (See instructions regarding type of information required.) Consulting - Postage	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 3/3 Report: 11/12**2** FILER NAME Lawrence, Antoinette B**3** ACCOUNT # (Ethics Commission filers)  
00000004

<b>4</b> Date	<b>5</b> Payee name SWP Printers	<b>7</b> Amount (\$)
10/20/2003	<b>6</b> Payee address; City; State; Zip Code 1055 Conrad Sauer Houston, TX 77043	\$4,060.46

<b>8</b> Purpose of payment (See instructions regarding type of information required.) Direct Mail:Voter Contact	<b>9</b> ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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Date	Payee name Tribe Design	Amount (\$)
10/16/2003	Payee address; City; State; Zip Code 5555 Morningside Dr Ste 202 Houston, TX 77005	\$3,247.50

Purpose of payment (See instructions regarding type of information required.) Direct Mail:Voter Contact -Design -Mailer #1 &#2	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
---	--

Date	Payee name WC Management	Amount (\$)
10/08/2003	Payee address; City; State; Zip Code 402 West 16th Street Houston, TX 77008	\$3,609.10

Purpose of payment (See instructions regarding type of information required.) Direct Mail:Voter Contact - Mailer 1	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
---	--

Date	Payee name WC Management	Amount (\$)
10/16/2003	Payee address; City; State; Zip Code 402 West 16th Street Houston, TX 77008	\$3,609.10

Purpose of payment (See instructions regarding type of information required.) Direct Mail:Voter Contact - Mailer #2	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 1/1 Report: 12/12

**2** FILER NAME Lawrence, Antoinette B**3** ACCOUNT # (Ethics Commission filers)

00000004

<b>4</b> Date	<b>5</b> Payee name Homestyle Buffet	<b>8</b> Amount (\$)
10/16/2003	<b>6</b> Payee address; City; State; Zip Code [REDACTED] Houston, TX 77055	\$13.53
	<b>7</b> Purpose of expenditure Public Relations:Meals	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Kinko's	Amount (\$)
10/10/2003	Payee address; City; State; Zip Code [REDACTED] Houston, TX 77092	\$27.06
	Purpose of expenditure Office Supplies	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

**Presented by the Federal Election Commission**

**Committee ID:** C00119008

**WASTE MANAGEMENT EMPLOYEES BETTER GOVERNMENT  
FUND**

601 Pennsylvania Ave. NW  
North Building Suite 300  
Washington, DC 20004

<b>Treasurer Name:</b>	Simpson, Robert
<b>Committee Designation:</b>	U (UNAUTHORIZED)
<b>Committee Type:</b>	QUALIFIED NON-PARTY

**Search For:**

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[Individuals Who Gave To This Committee](#)

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